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C O N F I D E N T I A L SECTION 01 OF 03 CARACAS 000064

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TAGS: [TBIO](#) [SOCI](#) [PGOV](#) [VE](#)
SUBJECT: DENGUE CASES DOUBLE IN VENEZUELA

Classified By: Economic Counselor Andrew N. Bowen
for reasons 1.4 (b).

¶1. (C) Summary: The Ministry of Popular Power for Health (MPPS) ceased publishing dengue and malaria statistics from July 21 to December 22, during the lead up to Chavez' failed December 2 constitutional reform vote. Now we know why: the latest official epidemiology bulletin, released January 8, reports 80,646 dengue cases in 2007, approximately double the number of cases in 2006. On November 7, the Minister of Health falsely claimed that dengue cases in Venezuela had decreased by 50 percent. The BRV's failure to inform the population in combination with its inability to provide adequate infrastructure and services in poor neighborhoods have exacerbated the dengue epidemic and undermined the BRV's credibility in reporting contagious diseases. End Summary.

No News is Bad News

¶2. (SBU) On July 21, the BRV ceased publishing its weekly epidemiology bulletin, a thorough summary and geographical breakdown of the number of reported cases of twenty different tropical diseases. After months of no official statistics, the BRV simultaneously published all 21 weeks of the missing reports on December 21, revealing a dramatic increase in the number of dengue cases. According to Post's doctor and former president of the Venezuelan Society of the Study of Infectious Diseases, Raul Isturiz, until the BRV suddenly stopped publishing the epidemiology bulletin, it had been published nearly every week for the last 50 years.

¶3. (SBU) The latest January 8 Ministry of Health epidemiology bulletin showed the number of dengue cases had increased from 42,029 in 2006 to 80,646 cases in 2007, a 92 percent increase. Of these 80,646 cases, there were 6,461 cases of Dengue Hemorrhagic Fever (DHF) in 2007, up from 2,690 in 2006, a 140 percent increase. Dengue Hemorrhagic Fever (DHF), the most severe of the four dengue strands, produces internal bleeding and can lead to circulatory failure. Despite having the correct statistics available, on November 5, 2007, the Minister of Health told the government controlled Bolivarian News Agency (ABN) that the number of dengue cases in Venezuela had fallen by 50 percent. (Note: the BRV provided the World Health Organization with dengue statistics through November, showing that the number of dengue cases had increased to 68,000. However, this information was never made public in Venezuela. End Note.)

¶4. (SBU) Another alarming development revealed in the report was a 612 percent increase (2,688 to 19,142) in the

incidence of Mumps, a contagious disease that can be prevented with a common measles, mumps, and rubella vaccine (MMR). (Note: the BRV claimed to have provided the MMR vaccine free of charge to 10 million people since 2006. End Note.) Malaria cases also increased in Venezuela from 37,062 in 2006 to 42,067 cases in 2007, a 13.5 percent increase. In Miranda, the Venezuelan state that includes much of Caracas and where most embassy personnel live, the number of dengue cases increased by 106 percent and the number of hemorrhagic cases by 500 percent from 2006.

Keeping Doctors in the Dark

15. (C) Dengue, a cyclical disease that often depends on meteorological conditions such as rainfall, has increased worldwide. However, this increase has been pronounced in Venezuela. During a January 9 meeting, Doctor Jaime Torres, director of Venezuela's Central University's Tropical Disease Institute, told EconOff that informing the public is one of the most important actions the government could have taken. Awareness of the epidemic helps doctors diagnose it since symptoms of the disease, including high fever, nausea, rashes, backaches, and headaches can be mistaken for the flu.

While there is no cure for the disease, according to the Center of Disease Control (CDC) website, early diagnosis of DHF combined with good medical management can reduce the fatality rate to below 1 percent. Without early warning or proper treatment the hemorrhagic variant's mortality rate can exceed 20 percent.

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Underestimating Dengue

16. (SBU) Medical experts also estimate that real number of dengue cases is higher than the report indicates. As stated above, many mild dengue cases are often misdiagnosed as the flu, which contributes to the underreporting of dengue. Based on regional dengue reports and the average ratio of hemorrhagic cases to normal cases, Torres estimated there were probably at least 90,000 cases of dengue in Venezuela. Doctor Rafael Orihuela, former Minister of Health and now a colleague of Dr. Torres, told journalists that he estimated that there were up to 100,000 cases. During a January 10 phone interview, Vivian Castillo, the El Universal journalist who broke the story in the local press, told EconOff that the Ministry of Health's numbers do not include dengue cases from "Barrio Adentro," a BRV "Mission" comprised of primary care clinics staffed by Cuban medical personnel. She explained that the Barrio Adentros in 20 of Venezuela's 24 states did not report dengue numbers. Regardless, most medical experts believe that in 2007 Venezuela surpassed the 83,180 cases recorded in the 2001 outbreak.

Ministry of Health: Lies and False Promises

17. (C) From all accounts, the Ministry of Health seems ill-prepared to launch a cohesive effort against dengue. In May 2007, Chavez appointed the current Minister of Health, Lieutenant Colonel Jesus Mantilla, his fifth health minister in nine years. Mantilla, former president of the Venezuela Institute of Social Security (IVSS), has no medical background and has never worked in the health sector. Chavez credited him for "reforming" the social security system and rewarded him with his current position. Besides likely preventing the publication of the epidemiology bulletin and dissembling about the level of dengue in November, according to our contacts in the health sector, Mantilla has isolated himself from the Venezuelan medical community and has not met with any of the local experts that the Ministry used to rely

on.

18. (SBU) Although the statistics would suggest that BRV efforts to contain the outbreak have been unsuccessful, Mantilla has attempted to fight dengue. In August 2007, Mantilla, with the Cuban minister of health by his side, pledged USD 13 million to purchase of 550 fumigation tanks and 24,000 gallons of insecticide to battle dengue. The minister described the BRV's plan as novel for Venezuela as it had been jointly developed with the communities, and said, "As the community gets educated and changes their water, the mosquito will reproduce itself less." In Vivian Castillo's interviews with BRV Ministry of Health spokespeople, she was told that the ministry fumigated 18 million houses in Venezuela. (Note: With a population of about 26 million, there are not 18 million homes in all of Venezuela. End Note.)

Chavez joins the Battle against Dengue

19. (SBU) During the January 13 "Alo Presidente" television program, Chavez raised the dengue issue and challenged Mantilla to do more. When pressed by Chavez to improve health indicators, Mantilla, via satellite from Zulia state, said that he predicted a 25 percent reduction of cases in January and a 60 percent reduction in the number of dengue cases by June 2008. Chavez pushed for more ambitious target of 80 percent and urged Mantilla to do more than handout brochures. He advocated for an all-out education campaign via television, newspapers, or any other alternative means of communication. Mantilla promised to cooperate with the Cuban medical mission, the Zulia corporation (a government holding company), the mayor of Maracaibo, Bolivarian students, and communal councils to eradicate the disease. On January 15, the Ministry of Health announced a new anti-dengue plan. Besides handing out fumigating equipment and training to the community councils, the plan calls for Army Reservists to work with the communities to increase local consciousness in the fight against dengue. Former Minister of Health, Jose Feliz Olleta, told local daily El Universal that while he saluted the plan, he pointed out that the Pan American Health Organization had approved a comprehensive dengue education

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and community participation plan nearly seven years ago, a plan the BRV never enacted.

Breaking the Dengue Cycle

10. (C) In conversations with Dr. Torres and Dr. Isturiz, both agreed that while the BRV cannot be completely blamed for cyclical outbreaks of dengue, it could have mitigated the epidemic by informing the population, building more houses, and improving the basic infrastructure. EconOff was told that fumigating alone was an ineffective way to reduce dengue cases. Due to the lack of infrastructure and housing, many impoverished Venezuelans, especially those living in "barrios" (poor neighborhoods), lack potable and running water, forcing them to store it in drums inside their homes without mosquito-proof lids. In addition, most of Venezuela's neighborhoods, especially poor neighborhoods, lack an adequate drainage system. During a reporting trip to a barrio in Guarenas, an area on the outskirts of Caracas, EconOff witnessed numerous flooded areas due to the malfunctioning sewer and drainage system, which provided the perfect breeding ground for dengue. Residents told EconOff that these floods occur after every rainstorm. Yolanda D'Elia, executive director of the Venezuelan NGO, Convite, also told EconOff that the well-documented collapse of public services such as garbage collection was another cause of the outbreak.

Comment

¶11. (C) The fact that the BRV did not publish the dengue statistics until after the December 2 referendum suggests that the decision was entirely political. It also suggests that the government understands that the Venezuelan public will be deeply concerned by the outbreak and will hold the BRV responsible. While meteorological conditions more than anything else will determine whether the BRV can reach its new anti-dengue goals, the BRV's inability to improve Venezuelan water and sewage infrastructure means that at best this will be another temporary solution to a problem that directly affects Venezuela's most vulnerable population.

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